

Georgia Public Safety Training Center

NIMS: ICS Field Training Request

USE THIS FORM TO REQUEST OFF-CAMPUS TRAINING					
Please Print or Type AGENCY INFORMATION					
AGI	ENCI INFORMA	ATION			
Agency Name					
Agency Address					
City		Zip Coo	de		
Daytime Telephone					
TRA	INING INFORM	ATION			
Type of Training Requested					
Stand-alone Class	Embedded in:				
		Name of Class			
Select Level of Training					
NIMS: ICS 700	NIMS: ICS 100		NIMS: IC	CS 200	
NIMS: ICS 300	NIMS: ICS 400		NIMS: IC	CS 402	
NIMS Unified Command			Other:		
				Please sp	ecify
Course Location Requested					
Estimated Enrollment	Beginnin	g Date Requested		/	/
Do you need GFA to supply the instructor(s)?	Yes	No			
By the signature below, I verify that all so class by the start date. It is acknowledged course coordinator on the first day of prerequisites. Failure to do so will require	l that all applicant class that he/sh	ts for this program e has satisfactor	i must sup ily compi	pply proof leted the	to the noted
Requested By					
Requestor's Title					
Signature		Date		/	/
Georgia 1	Send to: eorgia NIMS Trai Public Safety Trai 00 Indian Springs Forsyth, GA 310 -4308 FAX (47	ning Center Drive 29			